

<i>SERFF Tracking Number:</i>	<i>ANTD-126764699</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unicare Life &amp; Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>46873</i>
<i>Company Tracking Number:</i>	<i>10-0011</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>FHCR-PPACA 10/10</i>		
<i>Project Name/Number:</i>	<i>PPACA/10-0011</i>		

## Filing at a Glance

Company: Unicare Life & Health Insurance Company

Product Name: FHCR-PPACA 10/10

SERFF Tr Num: ANTD-126764699 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: 10-0011

State Status: Approved-Closed

Filing Type: Form

Author: Judith Mehm

Reviewer(s): Rosalind Minor

Date Submitted: 09/22/2010

Disposition Date: 10/07/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: 10/01/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: PPACA

Status of Filing in Domicile: Pending

Project Number: 10-0011

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 10/07/2010

Explanation for Other Group Market Type:

State Status Changed: 10/07/2010

Deemer Date:

Created By: Judith Mehm

Submitted By: Judith Mehm

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

The enclosed form is submitted for approval to be used with our previously approved small employer group health insurance PPO certificate form ARSGDED0304 which was previously approved by the Department on September 26, 2003. The form language changes submitted in this amendment are only those required by the PPACA. No other changes have been made to the certificate form. This amendment will only be used with grandfathered plans.

We reserve the right to change fonts and layouts of the forms and certify the font will never be printed in less than 10 point type. The Certificate of Coverage Amendment will be issued with renewal business effective October 1, 2010. Bracketed material is variable and the actual benefit amounts will fall within the ranges listed.

SERFF Tracking Number: ANTD-126764699 State: Arkansas  
 Filing Company: Unicare Life & Health Insurance Company State Tracking Number: 46873  
 Company Tracking Number: 10-0011  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
 Product Name: FHCR-PPACA 10/10  
 Project Name/Number: PPACA/10-0011

## Company and Contact

### Filing Contact Information

Judith Mehm, Sr. Contract Compliance Advisor judith.mehm@wellpoint.com  
 233 South Wacker Drive 312-234-7146 [Phone]  
 Chicago, IL 60606 312-234-7502 [FAX]

### Filing Company Information

Unicare Life & Health Insurance Company CoCode: 80314 State of Domicile: Indiana  
 233 S. Wacker Dr., Suite 3900 Group Code: Company Type: Life & Health  
 Insurance  
 Chicago, IL 60606 Group Name: State ID Number:  
 (312) 234-7893 ext. [Phone] FEIN Number: 52-0913817

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unicare Life & Health Insurance Company	\$0.00	09/22/2010	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
61606049	\$50.00	08/17/2010

<i>SERFF Tracking Number:</i>	<i>ANTD-126764699</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>FHCR-PPACA 10/10</i>		
<i>Project Name/Number:</i>	<i>PPACA/10-0011</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	10/07/2010	10/07/2010

<i>SERFF Tracking Number:</i>	<i>ANTD-126764699</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unicare Life &amp; Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>46873</i>
<i>Company Tracking Number:</i>	<i>10-0011</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>FHCR-PPACA 10/10</i>		
<i>Project Name/Number:</i>	<i>PPACA/10-0011</i>		

## **Disposition**

Disposition Date: 10/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ANTD-126764699</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unicare Life &amp; Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>46873</i>
<i>Company Tracking Number:</i>	<i>10-0011</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>FHCR-PPACA 10/10</i>		
<i>Project Name/Number:</i>	<i>PPACA/10-0011</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Certificate of Coverage Amemdmnt	Approved-Closed	Yes

SERFF Tracking Number: ANTID-126764699 State: Arkansas

Filing Company: Unicare Life & Health Insurance Company State Tracking Number: 46873

Company Tracking Number: 10-0011

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: FHCR-PPACA 10/10

Project Name/Number: PPACA/10-0011

## Form Schedule

**Lead Form Number: ARSGFHCR1010/2-50**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/07/2010	ARSGFHC R1010/2-50	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate of Coverage Amemdment	Initial		49.300	ARSGFHCR1 010 2-50 Groups.pdf

**CERTIFICATE OF COVERAGE AMENDMENT**  
 Issued by  
**UNICARE LIFE & HEALTH INSURANCE COMPANY**

UniCare Life & Health Insurance Company is hereby changing your Certificate of Coverage by this Amendment. The following provisions of your Certificate of Coverage are amended as indicated below.

**Effective for renewing groups on or after October 1, 2010, the Certificate of Coverage is amended as follows:**

**Table of Contents**

The **Table of Contents** is changed by deleting the listing for **Lifetime Maximum Benefits**.

**Section I. Introduction**

The table in the Benefit Overview provision of this section is changed as follows.

The sections for **Other Routine Care from age 19**, **In Vitro Fertilization**, **Mental, Emotional or Functional Nervous Disorders** (item a.)), **Alcohol and Drug Abuse**, **Smoking Cessation**, **Ambulance Service**, **Skilled Nursing Facilities and Hospice** are deleted and replaced with the following:

<b>Note: All payment levels listed are AFTER any applicable Deductibles or penalties are applied:</b>	<b>When you use UniCare Participating Providers, We pay, based on the Negotiated Rate:</b>	<b>When You use Non-Participating Providers, We pay, based on Reasonable Charges:</b>
<b>Other Routine Care from age 19:</b> Routine physical exams, lab work and X-rays, other than those listed above under "Adults." (Example, flu shots.)	[50% - 100%]	[50%-100%]
<b>In Vitro Fertilization</b> <sup>4</sup>	[50% - 100%]	[50%-100%]
<b>Mental, Emotional or Functional Nervous Disorders</b> a. Inpatient Hospital Charges <sup>2</sup>	[50%-100%]	[50%-100%]
<b>Alcohol and Drug Abuse</b> a. Inpatient Hospital Charges <sup>2</sup> b. In- or Outpatient professional charges	[50%-100%] [50%-100%]	[50%-100%] [50%-100%]
<b>Smoking Cessation</b>	100%	100%
<b>Ambulance Service</b> <b>Ground transport</b> <b>Air transport</b>	[50%-100%] [50%-100%]	[50%-100%] [50%-100%]
<b>Skilled Nursing Facilities</b> <sup>4</sup>	[50%-100%] with a maximum of 100 days per Year	[50%-100%] with a maximum of 100 days per Year
<b>Hospice</b> <sup>4</sup>	[50%-100%]	[50%-100%]

**Section II. Who is Eligible for Coverage?**

The **Eligible Dependents** section of the **Who is Eligible to Enroll Under This Plan?** provision is replaced in its entirety with the following:

An Eligible Dependent means an Eligible Employee's:

- lawful spouse of the opposite sex;
- Your natural and adopted Children, stepchildren, children subject to a court administrative order who is to be provided health coverage by the Eligible Employee, up to age 26;

- Your own or Your spouse's children, regardless of age, enrolled prior to age 26, who are incapable of self support due to continuing mental retardation or physical disability and who are chiefly dependent on You or Your Spouse for support. After the first proof of disability is submitted, UniCare may periodically require submission of proof of continued disability for such dependent.

A person may not be an Insured Dependent of more than one Insured Employee.

The **How Coverage Ends** provision for **Insured Employees** is modified by:

Deleting the following bulleted item:

- the date the Lifetime Maximum Benefit of the Plan has been exhausted; or

Replacing the last bulleted item with:

- the date of fraud or intentional misrepresentation of a material fact by You, except as indicated in the Time Limit on Certain Defenses provision.

The **How Coverage Ends** provision for **Insured Dependents** is modified by:

Replacing the following bulleted item:

- the date the Insured Employee's coverage terminates (unless due to exhaustion of the Lifetime Maximum Benefits);

With:

- the date the Insured Employee's coverage terminates; or

Deleting the following bulleted item:

- the date the Insured Dependent's Lifetime Maximum Benefit is exhausted; or

Replacing the last bulleted item with:

- the date of fraud or intentional misrepresentation of a material fact with respect to coverage by the Insured Dependent, except as indicated in the Time Limit on Certain Defenses/Misstatements on the Application provision.

The **Group and Company** provision is modified by replacing the 2<sup>nd</sup> bulleted item with:

- On the date of fraud or intentional misrepresentation of a material fact by an Insured Employee or Group, except as indicated in the Time Limit on Certain Defenses/ Misstatements on the Application provision;

### Section III. Definitions

The definition for **Emergency** is changed to read:

**Emergency** (See Medical Emergency/Emergency Medical Condition/Emergency Care).

The definition for **Medical Emergency** is replaced in its entirety with:

**Medical Emergency/Emergency Medical Condition/Emergency Care** means health care services provided in a hospital emergency facility, freestanding emergency medical care facility, or comparable emergency facility to evaluate and stabilize a medical condition of recent onset and severity, including severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health to believe that the person's condition, sickness or Injury is of such a nature that failure to get immediate medical care could result in:

- Placing the Insured Person's health in serious jeopardy;
- Causing serious impairment to bodily functions;
- Causing serious dysfunction of a bodily organ or part;
- Causing serious disfigurement; or
- In the case of a pregnant woman, causing serious jeopardy to the health of the fetus.

The definition of **Preexisting Condition** is changed by adding the following sentence.

A Preexisting Condition is applicable only to Insured Persons age 19 and older.



The following definitions are added to this section:

**Emergency Services** means, with respect to an Emergency Medical Condition:

1. A medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and
2. Within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment to stabilize the patient.

**Stabilize** means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility. With respect to a pregnant woman who is having contractions, the term “stabilize” also means to deliver (including the placenta), if there is inadequate time to affect a safe transfer to another hospital before delivery or transfer may pose a threat to the health or safety of the woman or the unborn child.

The definition for **Lifetime Maximum Benefit** is deleted in its entirety.

#### Section IV. How the Plan Works

The **Limited Benefits** section of the **Plan Payment** provision is changed by deleting the second bulleted item in its entirety.

The **Second Level Payment** section of the **Plan Payment** provision is changed by deleting Routine Care Services, Ambulance services, and Hospice Services from the bulleted items.

The **Lifetime Maximum Benefits** provision is deleted in its entirety.

#### Section V. Comprehensive Benefits: What the Plan Pays For

The **Services and Supplies Provided by a Hospital or Ambulatory Surgical Facility** provision is modified by changing the first sentence to read:

For any eligible condition UniCare will pay indicated benefits on Covered Expenses for:

The **Services and Supplies Provided by a Skilled Nursing Facility** provision is modified by deleting the \$400 per day limit.

The **Hospice Services** provision is modified by deleting the last sentence that reads:

**Benefits for Hospice services are limited to a Lifetime Maximum Covered Expense of \$10,000 per Insured Person.**

The **Ambulance Services** provision is modified by deleting the following in its entirety.

**Benefits for ambulance services are limited to a maximum Covered Expense of:**

- \$750 per trip for ground transport, or
- \$750 per trip for air transport

The **Services for Mental, Emotional or Functional Nervous Disorders** provision is modified by deleting the following sentence in its entirety.

Benefits for eligible inpatient Hospital services for Mental, Emotional or Functional Nervous Disorders are paid up to \$100 per day, up to a maximum payment of \$3,000 per Year.

The **Services for Alcoholism or Drug Abuse** provision is deleted in its entirety and replace with the following;

Benefits for Covered Services by a Physician and eligible inpatient Hospital Services are payable at the same levels of coverage as other medical diagnoses, and will be subject to all other terms, conditions, limitations, and exclusions.

The **In Vitro Fertilization** provision is modified by deleting the following sentence:

Benefits for In Vitro Fertilization services are limited to a lifetime maximum of \$15,000.

The **Other Routine Care Services (From age 19)** provision is modified by deleting the last paragraph of this provision in its entirety.

The **Smoking Cessation** provision is deleted in its entirety and replaced with:

***Smoking Cessation***

We will cover smoking cessation programs designed to end the dependence on nicotine as determined by federal and state law.

**Section VI. Exclusions and Limitations: What the Plan Does Not Pay For**

The following sentence is added to the **Preexisting Conditions** provision.

The following exceptions are applicable for Insured Persons age 19 and older.

**Section VII. Prescription Drug Benefits**

The second bulleted item in the **What Is Covered** provision is modified to read:

- Pharmaceuticals to aid smoking cessation.

The second bulleted item in the **Prescription Drug Exclusions and Limitations** provision is modified to read:

- Non-medical substances or items, with the exception that pharmaceuticals to aid smoking cessation are covered.

This Amendment is part of your UniCare Small Group Participating Provider Plan Certificate of Coverage. ***All provisions of the Certificate of Coverage which are not changed by this Amendment remain in effect.*** Please keep all of your documents together.

Signed for UniCare by:

  
**PRESIDENT**

  
**SECRETARY**

<i>SERFF Tracking Number:</i>	<i>ANTD-126764699</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unicare Life &amp; Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>46873</i>
<i>Company Tracking Number:</i>	<i>10-0011</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>FHCR-PPACA 10/10</i>		
<i>Project Name/Number:</i>	<i>PPACA/10-0011</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	10/07/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	10/07/2010
<b>Bypass Reason:</b> Not applicabel to this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	10/07/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Health Care Reform PPACA Uniform Compliance Summary.pdf		



## **CERTIFICATION OF COMPLIANCE WITH READABILITY STANDARDS**

Unicare Life & Health Insurance Company hereby certifies that this filing complies with Arkansas Code Annotated §23-80-206. The Flesch reading ease test scores derived by analysis of the entire text of the following forms are:

<u><b>Form Number</b></u>	<u><b>Flesch Score</b></u>
SGHCR1010	49.3 when integrated into certificate form

Exclusions from scoring are limited to:

- the name, number or title of the policy or certificate forms;
- the table of contents;
- captions, subcaptions and form numbers;
- specification pages;
- schedules and tables; and
- any specific language required by state statute.

These forms are printed, except for specification pages, schedules and tables, in not less than 10-point, 1-point leaded typeface.

  
\_\_\_\_\_  
Signature of Company Officer

Lawrence G. Schreiber  
Vice-President and General Manager

Date: August 16, 2010

## PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

**\*For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

### COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.



## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <sup>◇</sup> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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	<b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			